

Eastern Regional Mental Health Board, Inc.

The citizen's voice in mental health policy.

Pequot Mental Health Council (CAC 11) • Mohegan Mental Health Council (CAC 12) • Windham Mental Health Council (CAC 13) • Quinebaug Mental Health Council (CAC 14)

UNIVERSAL HEALTH INSURANCE MUST BE UNIVERSAL

Robert E. Davidson, Ph.D.

Thank you for the chance to speak today on behalf of the needlessly sicker. By this I mean people whose illnesses get *worse* for lack of timely and appropriate treatment. You have heard many here today— people on addictive painkillers because they can't get surgery; people hospitalized because they were denied outpatient treatment. I applaud your initiative in facing this issue. My concern is that you don't go far enough to make a real difference. A **single system** covering everyone is the *only* way to end access, cost, and quality problems.

The Senate plan will raise Medicaid rates to entice more doctors into taking poor patients. This will help, but it will not draw many more doctors into Medicaid. Tinkering with rates and eligibility will raise costs without improving quality or outcomes. The triple stigma of low rates, excessive paperwork, and patients perceived as undesirable will defeat piecemeal reform.

Now, in many fields only two kinds of doctors take Medicaid— saints, and doctors who cannot get enough other patients. As the son of a *good* doctor, one of the hardest things I had to do as a case manager years ago was to take people to see doctors I didn't trust. Only four in Norwich took Medicaid then, and one dentist. There was— and is— one public dental clinic, with a six-month wait except for emergencies.

The only solution is *universal* health care. *Only when everyone has the same insurance will everyone have access to good care.* We must remove reasons to deny care and create reasons to improve quality and health. Only a program that sets rates and outlaws selection bias will combine the many relatively healthy people with the smaller number of medically needier and generate enough in premiums to succeed.

Now, insurance companies "cherry-pick" applicants to cover the healthy and avoid the sick. A single universal and comprehensive plan will spread risk most effectively and change the incentives for patients, providers, and insurers, who now shift costs to the future and health to the past. Let the insurance companies run it— I don't care who collects the premiums. I only care that all kinds of people get the care they need.

Finally, a single system will require the retraining of an army of hairsplitters for useful work. (Even *they* do not like what they do now.) If everyone has the same coverage, all the people in doctors' offices and insurance companies who spend their days tailoring services to coverage or finding ways to deny claims will no longer be required. Some can be reassigned to the hurricane department, but others can go back where they came from: to delivering or promoting health care. The **administrative savings** will lower everyone's costs and aggravation.

The political effort to pass such a program will be tremendous. But the result will be worth it and it will never be easier than in this legislature. If you create a half-baked system now, you will only have to scrap it later when people's patience and confidence is exhausted. Why fight this battle twice, when you can do it right the first time? Thank you very much for your attention.